

Macedonia 2025 Business Association Application

Name _____
Company Name _____ Your Position _____
Address _____ City _____
Province/State _____ Postal/Zip Code _____
Email _____ Website _____
Telephone _____ Fax _____

Explain your company's key area of operations _____

Are you prepared to give other members of the Macedonia 2025 Business Association a discount, for your products or services? If yes how much _____

If you are a member of other business associations or chambers of commerce please list which ones _____

When was the last time you visited Macedonia? _____

CHAIRMAN'S CIRCLE
\$5000

MEMBER
\$1000

Please make cheques payable to
Macedonia 2025
and mail to:
Macedonia 2025
99 Blue Jays Way, Suite 300
Toronto, ON M5V 9G9

PAYMENT INFORMATION

Credit Card Payment Options Visa Mastercard AMEX

Card# _____ Expiry _____

Payment Options

Please select One Time
Payment Amount

Chairman's Circle
\$5,000 **Member**
\$1,000

Quarterly Installments Only Available To Those Paying By Credit Card

Name of Cardholder _____ Date _____

Signature _____ Date _____